Service Name	**HALFWAY HOUSE**
Setting	Facility based
Facility License	Licensed as required by DHHS Division of Public Health.
Basic Definition	Halfway House is a transitional, 24-hour structured supportive living/treatment/recovery facility located in the community for adults seeking reintegration into the community generally after primary treatment at a more intense level. This service provides safe housing, structure and support affording individuals an opportunity to develop and practice their interpersonal and group living skills, strengthen recovery skills, reintegrate into their community, and find or return to employment or further education.
Service Expectations basic expectations for more detail see Title 471 chapter 20	• A substance use disorder (SUD) assessment and mental health screening conducted by a licensed clinician at admission with ongoing assessment as needed. • If a prior SUD assessment is determined to be clinically relevant and includes a current diagnosis, level of care recommendation and a discharge plan, it can serve as the admission assessment. If the prior assessment is not relevant or does not contain the necessary information, then an SUD addendum would be necessary. • Individualized treatment/recovery plan, including discharge and relapse prevention, developed under clinical supervision with the individual (consider community, family and other supports) within 14 days of admission. • Review and update of the treatment/recovery plan with the individual and other approved family/supports every 30 days or more often as medically indicated. • Monitoring to promote successful reintegration into regular, productive daily activity such as work, school or family living. • Other services could include 24 hours crisis management, family education, self-help group and support group orientation. • Monitoring stabilized co-occurring mental health problems. • Consultation and/or referral for general medical, psychiatric, and psychological needs. • Provides a minimum of eight hours of skilled treatment and recovery focused services per week including therapies/interventions such as individual, family, and group psychotherapy; educational groups; motivational enhancement; and engagement strategies. • All staff are to be trained in recovery and trauma informed care.
Length of Service	Length of service is individualized and based on clinical criteria for admission and continuing stay, but individuals typically require this service for longer than six months for maximum effectiveness.
Staffing	• The clinical director (APRN, RN, LMHP, LIMHP, licensed psychologist or LADC) working with the program is responsible for all clinical decisions (e.g. admissions, assessment, treatment/discharge planning and review) and to provide consultation (not supervision) and support to care staff and

	the individuals they serve. • Appropriately licensed and credentialed professionals working within their scope of practice to provide substance use disorder treatment. • Direct care staff, holding a bachelor's degree or higher in psychology, sociology or a related human service field are preferred, but two years of coursework in a human services field and/or two years of experience/training OR two years of lived recovery experience with demonstrated skills and competencies in treatment with individuals with a behavioral health diagnoses is acceptable.
Staffing Ratio	• Clinical director to direct care staff ratio as needed to meet all responsibilities. • 1:10 direct care staff to individual (day and evening hours). • 1:12 therapist to individuals served. • 1:12 awake overnight staff during sleep hours (overnight) with on-call availability for emergencies. • Two awake overnight staff for 13 or more individuals served. • On-call availability of direct care staff and licensed clinicians 24/7.
Hours of Operation	24/7
Desired Individual Outcome	• The individual has met their treatment plan goals and objectives. • The precipitating condition and relapse potential is stabilized such that the individual's condition can be managed without professional external supports and intervention. • The individual has alternative support systems secured to help the individual maintain stability in the community.
Admission guidelines	• The individual meets the diagnostic criteria for a substance use-related disorder, (including Substance Use Disorder or Substance-Induced Disorder) as defined in the DSM, (current edition) as well as the dimensional criteria for admission. • The individual meets specifications in each of the ASAM six dimensions for this level of care. • The individual is expected to benefit from this treatment. The following six dimensions and criteria are abbreviated. Providers should refer to ASAM Criteria – 3rd Edition: • Dimension 1: ACUTE INTOXICATION &/OR WITHDRAWAL POTENTIAL: No withdrawal risk, or minimal or stable withdrawal. Concurrently receiving Level 1-D (minimal) or Level 2-D (moderate) services. • Dimension 2: BIOMEDICAL CONDITIONS & COMPLICATIONS: None or stable, or receiving concurrent medical monitoring. • Dimension 3: EMOTIONAL, BEHAVIORAL OR COGNITIVE CONDITIONS & COMPLICATIONS: None or minimal; not distracting to recovery. • Dimension 4: READINESS TO CHANGE: Open to recovery, but needs a structured environment to maintain therapeutic gains. • Dimension 5: RELAPSE, CONT. USE OR CONT. PROBLEM POTENTIAL:

	Understands relapse but needs structure to maintain therapeutic gains. • Dimension 6: RECOVERY ENVIRONMENT: Environment is dangerous but recovery is achievable if Level 3.1 24-hour structure is available.
Continued stay guidelines	It is appropriate to retain the individual at the present level of care if: • The individual is making progress but has not yet achieved the goals articulated in the individualized treatment plan. • Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals; • The individual is not yet making progress, but has the capacity to resolve his or her problems. The individual is actively working toward the goals in the individualized treatment plan; and/or • New problems have been identified that are appropriately treated at this level of care. This level of care is the least intensive level of care at which the individual's new problems can be addressed effectively.